

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90349 035 \*\*\*150.00

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<b>DOCUMENT # L28594</b> 1. Entity Name <b>TOLLMAN-HUNDLEY COURT CORP.</b>					
Principal Place of Business 2424 ROUTE 52 HOPWELL JUNCTION, NY 12533			Mailing Address 2424 ROUTE 52 HOPWELL JUNCTION, NY 12533		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2982095</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYES ST</b> <b>TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE		
NAME	TOLLMAN, BEATRICE		NAME		
STREET ADDRESS	2424 ROUTE 52		STREET ADDRESS		
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533		CITY-ST-ZIP		
TITLE	D		TITLE	VP/D	
NAME	KENDZIERA, CRAIG		NAME		
STREET ADDRESS	2424 ROUTE 52		STREET ADDRESS		
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	STEENHUSIEN, ROBERT		NAME		
STREET ADDRESS	2424 ROUTE 52		STREET ADDRESS		
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533		CITY-ST-ZIP		
TITLE	VPS		TITLE		
NAME	FLEMMONS, JODEE		NAME		
STREET ADDRESS	2424 ROUTE 52		STREET ADDRESS		
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <span style="float: right;">4/28/06</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					